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RESULTING IN DEATH.

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**A CASE OF MALIGNANT SYPHILIS RESULTING
IN DEATH.¹**

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J. P. was born in France, and is forty years of age. He is of good family history and enjoyed excellent health (never having been sick since childhood) until the appearance of a chancre twenty-two days after exposure. The ulcer soon took upon itself a phagedenic character, and was shortly afterward followed by induration of the inguinal glands.

Nine days after first noticing the initial lesion the patient was suddenly confined to his bed with all the symptoms of an acute attack of rheumatic fever, and was, indeed, for a period of four weeks, so treated by his physician. At the expiration of this time, the disease being apparently no better, the physician was dismissed and I was called in attendance.

After a careful examination I discovered a suspicious eruption on the body (roseola), and obtaining the foregoing history I verified the presence of the chancre, which had not yet thoroughly cicatrized and bore evidence of its destructive ravages.

The pains complained of were not solely localized to the joints, which were, however, hot and slightly swollen, but were also particularly severe in the long bones of the leg and characterized by nocturnal exacerbations.

¹ Read before the Philadelphia County Medical Society, April 26, 1893.

Examination of the internal anterior surface of the right tibia in its upper third revealed the presence of a small tumor, intimately connected with the bone. It measured $5\frac{1}{2}$ centimeters in its transverse diameter by $4\frac{1}{2}$ centimeters in length, and projected to the extent of about 1 centimeter at its most salient part, but the edges were insensibly lost in the surrounding tissue. To the touch it was almost as hard as the bone itself, and was surrounded neither by edema nor peripheral inflammation, and the skin covering the part was both healthy and movable. The patient claimed to have noticed its presence for about ten days; he was certain that it was at no time attended by external evidences of inflammation, but thought that its growth was most rapid at the onset. The localized pain, which dated from the beginning, was extremely lancinating but paroxysmal in character and greatly increased by the slightest movement.

The fever at this time was rather quotidian in character, the morning temperature averaging 99.5° , and rising in the evening to about 103° , unaccompanied by chill, but by an intense cephalalgia which continued for period of three or four hours each evening, after which a profuse perspiration took place.

Under the mixed treatment the case rapidly improved and the patient was able to resume his occupation in two weeks' time. The growth upon the tibia slowly diminished in volume and had practically disappeared in about one month, with the exception, however, of slight permanent thickening at the crest of the tibia, which remained the seat of occasional intermittent pain.

Three weeks later (about ten weeks after the appearance of the chancre), during office-treatment, my attention was called to a sensation of pain referred to the roof of the mouth during the act of eating. An examination of the part showed a considerable amount of brawny swelling, together with a deep, irregular, yellowish ulcer near the median line, about $2\frac{1}{2}$ centimeters in

size, and surrounded by a line of inflammatory redness. In a few days the ulceration in question was noticed to have spread considerably and had apparently invaded the deeper structures.

Notwithstanding all local treatment directed to the part, in conjunction with internal medication, the destruction of tissue continued until the bone itself became affected. At about this time the patient was seen by Dr. William G. Porter in consultation, but in spite of our united efforts necrosis of the hard palate, as well as of the alveolar processes of the superior maxillary bone and of the nasal bones, occurred in turn, and the ulceration only assumed a latent condition during the last half of the duration of the malady, when a perforation the size of 6 or 7 centimeters had taken place. This was attended by the loss of several teeth and imparted to the voice the nasal sound characteristic of this condition.

Shortly after the beginning of the necrosis the patient commenced to lose rapidly in weight and strength, and a marked cachexia became an important feature.

A pustular eruption upon the face and scalp was now noticed. The bone-pains returned and the debility was so great that the patient was confined to the house. Curious to state, the appetite was greatly increased; indeed, the condition of syphilitic boulimia, so well described by Fournier, soon became manifest, as on several occasions during the absence of the wife, the patient invaded the pantry and partook, according to his own estimate, of enough food to satisfy three or four men. It may be mentioned here that, to a certain extent, the patient had become accustomed to the trouble occasioned by the passage of food, and could now swallow fairly well.

This condition was attended by little digestive disturbance, beyond, on rare occasions, slight attacks of diarrhea; but, on the other hand, gastric crises became pronounced and seemed to be especially aggravated by

any form of mercurial treatment. These painful attacks continued throughout the progress of the case, and were equally noticeable during a course of restricted diet.

In the eighth month the anemic condition was extremely marked, and the patient, from a weight of one hundred and ninety pounds was reduced to one hundred and forty pounds. In despair he entered the Pennsylvania Hospital, but remained only for two weeks, his chief grievance being the restricted diet to which he was subjected, and which ill-accommodated with his continued enormous appetite. During this, as well as on previous occasions, careful and repeated examinations revealed no disease of the special organs.

An examination of the blood showed three million red corpuscles per cubic millimeter and a diminution of the hemoglobin to 40 per cent. An anemic basic murmur, as well as a venous souffle, was also to be detected. Added to this, the prostration, the sallow complexion, the pallid face, pinched features, and sunken eyes, made a picture long to be remembered.

In the tenth month esophageal obstruction was complained of, and an examination by bougie, made by Prof. E. Laplace, showed some constriction, which, however, did not become extreme. At this time localized pain in the lumbar region began and soon became excruciating in severity. This was attended by occasional loss of control of the sphincter of the bowel and remained present until the close of the disease.

Some three weeks before his death he was removed under my care to the Medico-Chirurgical Hospital, but the prostration became more marked and he died a little over one year after the beginning of the disease.

Unfortunately, notwithstanding strenuous efforts, a post-mortem examination was refused.

As may be imagined in a case of the foregoing character, our treatment was as varied as it was unsuccessful.

Early in the case the exhibition of either mercury or

of potassium iodide seemed to aggravate the gastric crises, and, besides, to be followed by an irritative diarrhoea. Inunctions were tried, but with similar results. Fumigations were likewise discontinued for the same reason, and even the recently vaunted hypodermatic method was certainly open to the same objection. The inunctions were continued for the longest period of time. General tonic treatment, although better borne, was of little apparent use.

On investigating the literature of this subject I find a rather growing tendency among the more recent syphilographers to appreciate that our accepted laws regarding the three fixed and precise stages of the disease must submit to some modification. For example, Keyes, in his last edition, writes as follows :

“The line between secondary and tertiary syphilis is not always well marked, and although in typical cases the lesions become progressively deeper, commencing as mere efflorescence in the secondary stages, and gradually increasing in severity to the most extensive ulcerations and destruction of bone and cartilage in the tertiary, yet some of the symptoms naturally belonging to the secondary group, as the mucous patch and scaly eruption, frequently crop out in the tertiary stage, while more rarely nodes come on with early syphilis, and occasionally most extensive ulcerative or other tertiary (gummy) lesions appear within the first few months after chancre, perhaps all the lighter secondary eruptions having been omitted. This form is called malignant syphilis.”

Osler¹ tells us that “In exceptional cases, manifestations which usually appear late (such as gummatous growths) may set in even before the primary sore has properly healed.”

C. Mauriac, one of the most eminent of the French

¹ Practice of Medicine, 1892.

authorities, in his very interesting work,¹ details the history of a number of cases, of which the following is a short *résumé* :

OBS. I.—Case beginning with indolent enlargement of both inguinal glands. Eight days afterward there was appearance of chancre. On the twentieth day of the initial lesion there were attacks of cephalalgia with appearance of frontal tumors ; then secondary symptoms, cutaneous and mucous, etc. Mixed treatment was instituted, followed by cure.

OBS. II.—Period of incubation of two months' duration, with short duration of secondary symptoms. Parietal tumor with neuralgic pains.

OBS. III.—Omitted. Dates uncertain.

OBS. IV.—Chancre of lip, and swelling of the cervical glands. One month afterward, slight secondary symptoms were followed by a tumor on the parietal bone.

OBS. V.—Syphilis of five months' duration without treatment was followed by a tumor in the fronto-temporal region, etc.

Mauriac claims that these nodes are the result of periosteal inflammation, and tend to spontaneous recovery without suppuration. But he quotes an account of a case reported by Dr. Henri Roger, which resulted in a different manner.

A girl, age two years, acquired syphilis by kissing an infected mother, and presented the following lesions at the same time : 1st. Indurated chancre on the superior lip, not yet entirely healed. 2d. Copper-colored spots of roseola on thighs, on forehead, nose, and cheeks, and mucous patches on the vulva and anus. 3d. Multiple exostoses ; gummy tumors of the frontal bone the size of a filbert, with healthy skin-covering, and semi-soft

¹ Mémoires sur les Affections Syphilitiques précoces du Système Osseux. Paris, 1872

consistency; the right one reddish and shining at the apex, imparting the sensation of fluctuation, and which did in time suppurate.

Mauriac details the occurrence of other cases presenting similar lesions in the bones of the legs, sternum, and other parts of the body.

In these thirteen cases the shortest period of incubation after the appearance of the chancre was fifteen days and the longest one hundred and twenty days. Curiously, the shortest of the series presented a history which resembles the one forming the subject of this paper. Briefly stated it is as follows:

OBS. VII.—The patient, a man, nineteen years of age, of habitually good health, had a urethral chancre, which showed itself one month after his first connection. On the forty-fifth day he had acute pains in the tibia, followed in from twenty-six to forty-eight hours by the spontaneous appearance of a bony tumor. Alteration of general health ensued. On the sixty-ninth day well-characterized roseola appeared. On the sixtieth day there was diminution of the tibial tumor and final disappearance of it. Four and a half months later mucous patches appeared on the lips and prepuce. Papular syphilis, etc.

Vidal de Cassis¹ reports the case of a tumor of the right clavicle occurring one month after chancre. The skin-covering was perfectly healthy, the tumor twice the thickness of the bone. There were extreme localized pains. Cure resulted in two months' time. Dr. Guyot² reports a case of syphilitic periostitis of the first metatarsal bone, fifty-six days after infecting exposure.

According to M. Daga,³ syphilis is so severe among the

¹ *Traité des Maladies Vénériennes*, 2d edition, pp. 479, 480.

² *Société Médico-Chirurgicale de Paris*, July 9, 1868.

³ "Documents pour servir à l'Histoire de la Syphilis chez les Arabes," *Archives de Médecine*, 1864, t. ii, p. 314.

Arabs that it is not rare to witness in the same subject the presence of syphilides, of gumma, and of multiple exostoses. Tertiary symptoms themselves may be observed at the very beginning of the disease.

According to the researches of M. Maltezza¹ syphilis pursues its course with great rapidity in South America, and manifests itself from the beginning not only by superficial cutaneous and mucous lesions, but by osseous lesions and even the destruction of the bones of the nose almost immediately after the appearance of the chancre, and always before its cicatrization.

As eminent an authority as Prof. Hutchinson,² of London, reports the following interesting case :

"A young man, aged twenty-one years—too young, let me note, for it to be likely that he had ever had syphilis before—was admitted into the London Hospital. He had still the remains of a hard chancre on him which was ulcerating in places. The date assigned to the beginning of the affection was only four months previous. He died suddenly and unexpectedly. The necropsy showed gummata in both testicles, in the spleen, and in the heart, death having been caused by the softening ulceration of the latter."

He adds, in conclusion :

"I have urged that many of the phenomena of syphilis usually counted as tertiary really occur, as a rule, in the early periods, and there is no structure of the body which may not be attacked in the secondary stage. As an instance of this fact, I have mentioned rupia, perioritis, and disease of the viscera and nervous system."

Dr. R. W. Taylor,³ of New York, reports several interesting cases of the gummatous form of the skin-

¹ Quoted by Mauriac.

² "Some of the Moot Points in the Natural History of Syphilis," *British Medical Journal*, January 23, 1886.

³ In an article entitled "Precocious Gummata," *American Journal of the Medical Sciences*, July, 1887.

affection. He says, in conclusion, that these lesions may appear as early as the second, third, or fourth month after the initial lesion and may terminate in ulceration.

Records of early syphilis of the nervous system are also attainable. Taylor reports a case of hemiplegia in the fifth month; Bassereau and Vidal de Cassis, one of facial paralysis a few weeks after appearance of chancre. Van Buren and Keyes and Fournier respectively detail several instances of different forms of paralysis occurring before the fifth month. Fortunately these cases are very rare. For example, Mauriac mentions that the thirteen cases reported by him represented an experience of over four thousand cases of syphilis. Whether they represent an unusual amount of the virus absorbed, or an undue susceptibility on the part of the individual, is an open question.

The general opinion would seem to indicate the possibility of a severe syphilis following a case of phagedenic chancre, as, for example, Batington¹ tells us that "The symptoms which follow the phagedenic sore are peculiarly severe and intractable. They commonly consist of rupia, sloughing of the throat, ulceration of the nose, severe and obstinate muscular pains, and similar inflammation of the periosteum and bones. Similar complaints will follow the ordinary chancre; but when they follow a phagedenic sore they are very difficult to be cured; and it is not uncommon that the constitution of the patient should at length give way under them, and that the case should terminate fatally." Bassereau,² as well as Diday, agrees in the main regarding these statements. Bumstead and Taylor,³ in commenting on the foregoing, express themselves as follows: "Admitting the truth of

¹ Ricord and Hunter: *Venereal Diseases*, 2d edition, p. 371.

² Bassereau: *Histoire Naturelle de la Syphilis*, p. 84.

³ Bumstead and Taylor: *Venereal Diseases*, 5th edition, p. 499.

this rule, it does not follow that the condition of the chancre in any manner determines the severity of the subsequent symptoms, but merely that it is an indication of the activity of the virus and of the state of the patient's system—the two causes upon which the severity of the attack chiefly depends."

The latter observation does not agree with the history given both by my patient and the members of his family. It was particularly claimed that he had enjoyed unusually good health throughout his life, nor was the quantity of alcohol which he took in excess of that commonly used in his occupation (chef).

Regarding the presence of the nodules on the tibia, these latter occurred after a longer period of time than in the one case (Obs. VII) reported by Mauriac, yet the gummatous ulceration of the hard palate at so early a period is, as far as I can discover, without a detailed precedent, and certainly places this history prominently among similar records.

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